



FEE TRANSMITTAL for FY 2003 Patent fees are subject to annual revision.		Complete if Known	
		Application Number	10/039,622
		Filing Date	December 31, 2001
		First Named Inventor	Dennis W. Vance
		Examiner Name	Joshua L. Pritchett
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2872
TOTAL AMOUNT OF PAYMENT	(\$) 0.00	Attorney Docket No.	18590-06192

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input checked="" type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: 19-2555 Deposit Account Name: Fenwick & West LLP The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES			
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity Small Entity		Large Entity Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims: 27 -38**= 0 x Fee from below: 9 = 0.00					
Independent Claims: 3 -3**= 0 x Fee from below: 42 = 0.00					
Multiple Dependent					
Large Entity Small Entity		Large Entity Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)		0.00	
**or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid			
		SUBTOTAL (3) (\$)			
		0.00			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Michelle K. Lee	Registration No. (Attorney/Agent)	40,695
Signature	<i>Michelle K. Lee</i>	Date	9/10/03
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PTO/SB/21 (modified)
Approved for use through xx/xx/xx, OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0001/PTO Rev. 10/95 TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	U.S. Department of Commerce Patent and Trademark Office	Application Number	10/039,622	
		Filing Date	December 31, 2001	
		First Named Inventor	Dennis W. Vance	
		Group Art Unit Number	2872	
		Examiner Name	Joshua L. Pritchett	
Total Number of Pages in This Submission		11	Attorney Docket Number	18590-06192

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/>
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<input checked="" type="checkbox"/> Amendment/Response: 8 Pages <input type="checkbox"/> After Final	<input type="checkbox"/>
<input type="checkbox"/> Status Request	<input type="checkbox"/>
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>
REMARKS:	

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SIGNATURE OF ATTORNEY OR AGENT			
Signature:	<i>Michelle K. Lee</i>		
Attorney/Reg. No.:	Michelle K. Lee, Reg. No.: 40,695	Dated:	9/10/03

CERTIFICATE OF MAILING			
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
Signature:	<i>Michelle K. Lee</i>		
Typed or Printed Name:	Michelle K. Lee	Dated:	9/10/03
Express Mail Mailing Number (optional):			